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17W #2661

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/061,721
		Filing Date	February 1, 2002
		First Named Inventor	Uzi Khill
		Art Unit	2661
		Examiner Name	Jung H. Park
Total Number of Pages in This Submission	12	Attorney Docket Number	3394P011

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">return postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	7/17/06

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Linda D'Elia		
Signature		Date	7-14-06



Complete if Known

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TOTAL AMOUNT OF PAYMENT	(\$)	200.00
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METHOD OF PAYMENT *(check all that apply)*

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s)☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid	
Total Claims	14	20 ⁰⁰	0	50.00	\$0.00
Independent Claims	4	3 ⁰⁰	1	200.00	\$200.00
Multiple Dependent					

Large Entity	Small Entity
<p>1. Revenue (Revenue from contracts with customers)</p> <p>2. Cost of Sales (Cost of goods sold)</p> <p>3. Operating Expenses (Selling, general, and administrative expenses)</p> <p>4. Income Tax Expense</p> <p>5. Other Income (Interest income, dividend income, etc.)</p> <p>6. Other Expenses (Interest expense, depreciation, etc.)</p> <p>7. Net Income</p> <p>8. Retained Earnings (Beginning balance, plus net income, minus dividends)</p> <p>9. Dividends</p>	<p>1. Revenue (Revenue from contracts with customers)</p> <p>2. Cost of Sales (Cost of goods sold)</p> <p>3. Operating Expenses (Selling, general, and administrative expenses)</p> <p>4. Income Tax Expense</p> <p>5. Other Income (Interest income, dividend income, etc.)</p> <p>6. Other Expenses (Interest expense, depreciation, etc.)</p> <p>7. Net Income</p> <p>8. Retained Earnings (Beginning balance, plus net income, minus dividends)</p> <p>9. Dividends</p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1206	300	2206	150	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater, For Reissues, see below*

SUBTOTAL (1)	(\$)	200.00
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2 ADDITIONAL FEES

ADDITIONAL FEES	
Large Entity	Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)**Fee Paid**

SUBMITTED BY

Name (Print/Type) **Eric S. Hyman**

Registration No.
(Attorney/Agent)

30.139

Telephone _____

(310) 207-3800

Signature

Date _____

7/13/00